

FOOD INTOLERANCE

Food intolerance is an adverse reaction to a food, and although the cause is typically not known, it is not due to a person's immune system. The reaction to the food may be immediate or delayed by up to 20 hours. The symptoms of a food intolerance can be vague, and can be confused with other medical conditions, as symptoms include: gastrointestinal problems, nausea and indigestion, eczema or asthma.

Food intolerances are diagnosed by using the elimination diet and oral challenge test. Any or all foods suspected of causing an issue are removed from the diet for one to three weeks. After this period of time small amounts of the food are slowly reintroduced.

If there is more than one food suspected of causing an issue then these foods are reintroduced separately to determine which one is responsible for the reaction. If the symptoms reappear, then food intolerance is confirmed. This test must be undertaken by an experienced doctor, allergy specialist or Registered Dietician. The majority of food intolerances are dose-dependent. This means that you may be able to consume a certain amount of the food causing the intolerance before symptoms appear. However, gluten intolerance differs from other food intolerances in that gluten must be strictly avoided.

WHAT IS GLUTEN INTOLERANCE?

Gluten intolerance can be diagnosed at any age and can be called a variety of names including celiac sprue, gluten sensitive enteropathy, non tropical sprue, or malabsorption syndrome. It is most commonly known as coeliac disease.

Coeliac disease is a condition that causes damage to the bowel wall because the affected person cannot digest gluten normally. The adverse reaction that people with coeliac disease experience when they consume gluten is due to gliadin, which damages the lining of the intestine, resulting in damage to the villi and inflammation of the tissues. The effects of this damage occur a few hours after eating the gluten-containing food. Due to damage to the small intestine, the absorption of almost all nutrients appears to be affected in some way.

When gluten is removed from the diet of a person suffering from coeliac disease, the small intestine recovers and the symptoms disappear. However, a gluten-free diet must be maintained throughout the person's life time and all gluten must be excluded, which means the exclusion of a range of grains.

WHO CAN BE AFFECTED BY COELIAC DISEASE?

Researchers are still working on determining why people get coeliac disease and although a full understanding of the disease is still being researched, it is recognised that the immune function and genetics of individuals affect the likelihood of being diagnosed with coeliac disease. It is also known that:

- it is more common in women than men
- it can occur at any age but is more common between the ages of 40–50 years
- the disease is rare among Asian and African people, but is more common in people from Europe
- a stressful life event can cause a suppressed coeliac condition to develop into the real full-blown disease.

SYMPTOMS OF COELIAC DISEASE

Symptoms of coeliac disease can include abdominal discomfort including bloating, unexplained weight loss, tiredness and frequent headaches. Coeliac disease can be difficult to diagnose as these symptoms are generic to a range of illnesses, or could be mistaken for the everyday stresses of life. Researchers have recently suggested that anaemia (low iron stores) may be an important indicator to check in adults, especially in those with a family history of coeliac disease. Unfortunately, diagnosis may not occur until the gut wall has been damaged by malabsorption over many years of eating gluten-containing foods.

PRODUCTS THAT MAY CONTAIN GLUTEN

Although this list may not be complete, the idea of this list is to highlight foods which MAY contain gluten and are likely products that you may not have considered as having gluten present:

- Baked beans/creamed corn
- Baking powder
- Crumb coatings for meat, fish or poultry
- Sausages & processed meat
- Soups & stock cubes
- Sauces & gravies
- Dressings, including mayonnaise
- Products containing malt such as breakfast cereals, and malted milk drink powders
- Cornflour (check the source is from corn rather than wheat)
- Custard powder
- Curry powder
- Mustard

GLUTEN-FREE GRAINS

CORN

Cornflour made from corn or maize, Corn-based breakfast cereals, Polenta, Unflavoured popcorn, Taco shells, unflavoured corn chips

RICE

Rice Plain rice noodles, Rice flour Rice breakfast cereals, Baby rice cereals Rice bran, Plain rice crackers / cakes

OTHER GRAINS & FLOURS

Sago Wild rice, Buckwheat, Tapioca, Arrowroot, Potato flour, Amaranth, Millet

FLOURS MADE FROM LEGUMES

Soy flour, Yellow split pea flour, Chickpea flour

WHEAT INTOLERANCE V. GLUTEN INTOLERANCE

Wheat intolerance and gluten intolerance are sometimes used as interchangeable terms but it is important to realise that this is incorrect. Avoiding wheat products gives a different and more expansive diet plan than those people who are required to avoid all gluten-containing foods. Therefore, food products labelled 'wheat-free' are not necessarily gluten-free, but products labelled 'gluten-free' are wheat-free. To confuse matters further there are ingredients derived from wheat (e.g. wheat glucose syrup, wheat maltodextrin) that contain no detectable gluten but still may contain other wheat proteins, making them unsuitable for a wheat-free diet.

The key difference is that a gluten-free diet is more restrictive than a wheat-free diet as gluten is present in a variety of grains apart from wheat. So usually the confusion arises when someone is advised to follow a wheat-free diet but wrongly assumes that they must only consume gluten-free products. Doing this is not only unnecessary but also means that the person is missing out on important vitamins and minerals which they could easily get from other non-wheat cereals. These vitamins and minerals include fibre, B vitamins, Vitamins A and E, Selenium, Zinc, Copper and Iron.

WHAT IS A WHEAT ALLERGY?

Unlike wheat intolerance, a wheat allergy is an immune system response to wheat specifically which signals the body to cause a reaction. True wheat allergy is most common in young children and rarely seen in adults. Children often outgrow wheat allergy by the age of two, and anaphylactic reactions are very rare. Being diagnosed with a wheat allergy requires the complete exclusion of wheat from the diet. This means excluding even traces of wheat from the diet, although other grains can still be consumed, such as rye and barley.

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